

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-028037

STATE FILE NUMBER

Registration District No.

Primary Registration District No.

Registrar's No.

DO NOT WRITE
ON THIS STUD

AMENDED

FILED JUL 30 1963

1. PLACE OF DEATH

a. COUNTY HARRISON

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY HARRISON

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN BETHANY

Length of stay in 1b
1. MO

c. CITY OR TOWN GILMAN CITY

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION CRESTVIEW

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
NONE

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First Middle Last
JOSEPH THOMAS HIGGINS

4. DATE OF DEATH
Month Day Year
JULY 21, 1963

5. SEX
male

6. COLOR OR RACE
white

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
1-29-1875

9. AGE (last birthday)
88

IF UNDER 1 YEAR
Months Days Hours Min.

IF UNDER 24 HR
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
Harrison County, Mo.

12. CITIZEN OF WHAT COUNTRY
U.S.

13a. FATHER'S NAME

THOMAS J. HIGGINS

13b. MOTHER'S MAIDEN NAME

CHRISTINA MYERS

14. NAME OF HUSBAND OR WIFE

LURA

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
LURA HIGGINS, BETHANY, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) GENERALIZED CARCINOMATOSIS

INTERVAL BETWEEN ONSET AND DEATH
2 MONTHS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last:

DUE TO (b) ADENOCARCINOMA OF PYLORUS OF STOMACH

9 MONTHS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour Month, Day, Year
s.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 6/25/63 to 7/21/63 and last saw him alive on 7/16/63
Death occurred at 9 PM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

D.O.

22b. ADDRESS
BETHANY, MISSOURI

22c. DATE SIGNED
7-23-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7-23-1963

23c. NAME OF CEMETERY OR CREMATORY
Fairview

23d. LOCATION (City, town, or county)
Bethany, Mo.

(State)

24. FUNERAL DIRECTOR

ADDRESS

M.B. HAAS, BETHANY, MO.

25. DATE REC'D. BY LOCAL REG.

7-23-1963

26. REGISTRAR'S SIGNATURE

Gella Mayes

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

W B Hao

Licensed Embalmer No.

3899

P. O. Address

Bithany Me.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.